

Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. ( ) Ms. ( )

C A M P B E L L , R . M I C H A E L

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

R E D A C T E D

## LOCATION OF CAMPAIGN ACCOUNTS

A. Savings Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

B. Checking Account #

R E D A C T E D

Name of Banking Institute:

REDACTED

Address:

REDACTED

## NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN BLUE OR BLACK INK OR TYPE

**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE****July '07 Report****4/1/07 – 6/30/07**

**STATE ETHICS COMMISSION  
CANDIDATE CAMPAIGN DISCLOSURE FORM**

1. Type of Report: ☐ Initial ☐ Pre-Election ☐ Final Quarterly Update: ☐ Apr 10 ☒ Jul 10 ☐ Oct 10 ☐ Jan 10

2. Name of Candidate: Last Name, First Name, Middle Initial Mr. (✓) Mrs. ( ) Ms. ( )

C A M P B E L L , R . M I C H A E L																		
3. Mailing Address:					P O B O X 1 1 2 1 1													
City:					C O L U M B I A										State:		S C	
Zip:					2 9 2 1 1		Phone:		8 0 3 - 2 3 1 - 2 0 0 6									
4. Position Sought: (House/Senate-Dist.#)					L T G O V E R N O R													
5. Date of Election: (mo/day/year)					6 / 1 3 / 0 6													
6. County of Residence:					R I C H L A N D													
7. Agency:					L T G O V E R N O R ' S O F F I C E													

8. Type of Election: ☐ Primary ☒ Runoff ☐ General ☐ Special ☐ Convention/Caucus

9. If filing fee was paid from personal funds and will be the only expense, enter amount of filing fee \$ \_\_\_\_\_. Stop here – sign, date, and mail this page and page 1 only at least fifteen (15) days before the election. If you receive any funds or make any other expenditures, you must open a separate account.

10. CONTRIBUTIONS (Check if none _____)	Unitemized (\$100.00 or less)	Itemized (over \$100.00)	TOTAL	
			This Period	Election Cycle
A. Candidates: Personal Funds	\$ 0.00	\$ 0.00	\$ 0.00	\$ 784,000.00
B. Individual Contributions or other	(+) \$ 25.05	(+) \$ 2.86	(+) \$ 27.91	(+) \$ 644,803.95
C. In-Kind Contributions	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 0.00	(+) \$ 80,349.25
D. Total Contributions	(=) \$ 25.05	(=) \$ 2.86	(=) \$ 27.91	(=) \$ 1,509,153.20

  

11. EXPENDITURES	Total (This Period)	Total (Election Cycle)	12. BALANCE OF CONTRIBUTIONS	
A. In-Kind Expenditures (Must equal 10C)	\$ 0.00	\$ 80,349.25	A. Contrib. On Hand (Beginning of This Period)	\$ 2,620.64
B. Expenditures	(+) \$ 1,673.96	(+) \$ 1,427,829.36	B. Total Contributions (This Period) (10.D)	(+) \$ 27.91
C. Total Expenditures	(=) \$ 1,673.96	(=) \$ 1,508,178.61	C. Total Expenditures (This Period) (11.C)	(-) \$ 1,673.96
			D. Contrib. On Hand (Period End)	(=) \$ 974.59

**13. LOANS**

Amounts Owed by the Candidate \$ 292,798.91 (Must be Itemized in Section C)

**CERTIFICATION:** I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty of \$100.00 per day WILL be levied.

Date: 8/1/2011 Signature: J. Todd Kincannon If other than the candidate, print name below

Print: J. TODD KINCANNON

**FOR OFFICE USE ONLY:**

☐ Complete ☐ Incomplete

☐ Entered ☐ Scanned

**FAXED COPIES WILL NOT BE ACCEPTED**

The original must be received no later than 5:00 p.m. on the date of the established deadline.

**NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.**

E4A.3

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR**A. ITEMIZED CONTRIBUTIONS**

DATE	FULL NAME, FULL ADDRESS, AND OCCUPATION OF INDIVIDUAL CONTRIBUTOR(S) OR FULL NAME AND FULL ADDRESS OF GROUP MAKING CONTRIBUTION		CONTRIBUTIONS THIS PERIOD	CONTRIBUTIONS TO DATE
4/6/07	Name:	Paypal (Refund)	\$ 0.02	\$ 0.02
	Address:	2212 North First St., San Jose, CA 95131		
	Occupation:	Paypal Account Verification		
4/6/07	Name:	Paypal (Refund)	\$ 0.03	\$ 0.05
	Address:	2212 North First St., San Jose, CA 95131		
	Occupation:	Paypal Account Verification		
4/6/07	Name:	Mr. Adam Piper	\$ 12.50	\$ 12.50
	Address:	2905 Kennedy St., Columbia, SC 29205		
	Occupation:	Consulting		
4/6/07	Name:	Miss Lindsey C. Thompson	\$ 12.50	\$ 12.50
	Address:	400 Canal Place Dr., Columbia, SC 29201		
	Occupation:	Consulting		
4/30/07	Name:	Wachovia (Interest)	\$ 1.20	\$ 225.54
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
5/31/07	Name:	Wachovia (Interest)	\$ 1.08	\$ 226.62
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
6/29/07	Name:	Wachovia (Interest)	\$ 0.58	\$ 227.20
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Occupation:	Bank		
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			
	Name:		\$	\$
	Address:			
	Occupation:			

PAGE SUBTOTAL \$ 27.91ALL CONTRIBUTIONS LISTED -- TOTAL (Equals Number 10.D Period Total) \$ 27.91

E4A.4

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR

## B. ITEMIZED EXPENDITURES

DATE	FULL NAME AND FULL ADDRESS OF VENDOR OR CANDIDATE TO WHOM EXPENDITURE WAS MADE		DESCRIPTION OF EXPENDITURE	AMOUNT THIS PERIOD
4/4/07	Name:	Wachovia	Checks	\$ 16.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
4/6/07	Name:	Paypal	Paypal Fee	\$ 1.32
	Address:	2212 North First St., San Jose, CA 95131		
4/6/07	Name:	Miss Lindsey C. Thompson	Filing Preparation	\$ 250.00
	Address:	400 Canal Place Dr., Columbia, SC 29201		
4/10/07	Name:	Look.net LC	Listserve	\$ 240.00
	Address:	P.O. Box 308, Lorton, VA 22199		
4/13/07	Name:	Direct Marketers of Charleston	Service Payment	\$ 45.00
	Address:	P.O. Box 113, Mount Pleasant, SC 29465		
4/16/07	Name:	Go To Team	Commercial Production	\$ 77.64
	Address:	P.O. Box 22122, Charleston, SC 29413		
5/9/07	Name:	Wachovia	Commercial Service Charges	\$ 32.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
6/5/07	Name:	Capitol One	Credit Card	\$ 500.00
	Address:	P.O. Box 70884, Charlotte, NC 28272		
6/6/07	Name:	FIA Card Services	Credit Card	\$ 500.00
	Address:	P.O. Box 17309, Baltimore, MD 21297		
6/11/07	Name:	Wachovia	Commercial Service Charges	\$ 12.00
	Address:	705 Saluda Ave., Columbia, SC 29205		
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			
	Name:			\$
	Address:			

PAGE SUBTOTAL \$ 1,673.96

TOTAL (Must equal amount reported in Number 11.C This Period) \$ 1,673.96

E4A.5

Name: R. MICHAEL CAMPBELL FOR LT. GOVERNOR**C. (1) LOANS RECEIVED**

DATE	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR FULL NAME AND FULL ADDRESS OF GROUP MAKING LOANS		PURPOSE	TERMS	INITIAL AMOUNT OF LOAN
	Name:	None			\$
	Address:				
	Purpose:				
	Terms:				
	Name:				\$
	Address:				
	Purpose:				
	Terms:				

TOTAL LOANS RECEIVED \_\_\_\_\_

**(2) LOAN REPAYMENTS**

DATE OF PAYMENT	FULL NAME AND FULL ADDRESS OF INDIVIDUAL OR GROUP TO WHOM REPAYMENT WAS MADE		PAYMENTS		EXISTING BALANCE	
			This Period	Year-to-Date		
Period End	Name:	Mr. Mike Campbell	\$	None	\$ 0.00	\$ 185,598.72
	Address:	P.O. Box 11211, Columbia, SC 29211				
Period End	Name:	Mr. Mike Campbell	\$	None	\$ 0.00	\$ 107,200.19
	Address:	P.O. Box 11211, Columbia, SC 29211				
	Name:		\$			\$
	Address:					
	Name:		\$			\$
	Address:					
	Name:		\$			\$
	Address:					
	Name:		\$			\$
	Address:					
	Name:		\$			\$
	Address:					
	Name:		\$			\$
	Address:					

TOTAL (Must equal amount reported in Number 13 Loans) \$ 292,798.91**D. FINAL DISPOSITION OF PROPERTY OWNED BY CAMPAIGN WORTH \$100.00 OR MORE**

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_

Asset: \_\_\_\_\_ Disposition: \_\_\_\_\_